

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90132 038 ***150.00

DOCUMENT # 831772

1. Entity Name

J.P. MORGAN LEASING INC.



Principal Place of Business

**ONE CHASE SQUARE
ROCHESTER NY 14643
US**

Mailing Address

**270 PARK AVENUE, 35TH FLOOR
ROBERT C. CARROLL
NEW YORK NY 10017
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-0902786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/19/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **EVP** ☐ Delete
NAME: **PERKOWSKI, EDWARD J**
STREET ADDRESS: **ONE CHASE SQUARE**
CITY-ST-ZIP: **ROCHESTER NY 14643**

TITLE: **CD** ☐ Delete
NAME: **CARROLL, ROBERT**
STREET ADDRESS: **270 PARK AVE 35 FLOOR**
CITY-ST-ZIP: **NEW YORK NY 10017**

TITLE: **D** ☐ Delete
NAME: **COULTER, DAVID**
STREET ADDRESS: **270 PARK AVE**
CITY-ST-ZIP: **NEW YORK NY 10081**

TITLE: **PD** ☐ Delete
NAME: **UNCHESTER, JOHN**
STREET ADDRESS: **600 FIFTH AVE**
CITY-ST-ZIP: **NEW YORK NY 10020**

TITLE: **VP** ☐ Delete
NAME: **PARMELEE, MICHAEL**
STREET ADDRESS: **600 FIFTH AVE**
CITY-ST-ZIP: **NEW YORK NY 10020**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/2003 (585) 258-6475
Date Daytime Phone #

CR2E034 (10/02)